

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042205

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 180

Primary Registration District No. \_\_\_\_\_

Registrar's No. 111

**FILED DEC 7 1962**

1. PLACE OF DEATH a. COUNTY <b>Gentry County, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stanberry, Missouri</b>		c. CITY OR TOWN <b>Stanberry, Missouri</b>	
Length of stay in 1b <b>Life time</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>West 3rd. Street</b>		d. STREET ADDRESS (If outside, give location) <b>West 3rd. Street</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Thelma N. M. I. Hill</b>		4. DATE OF DEATH Month Day Year <b>November 28, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-18-1902</b>
9. AGE (last birthday) <b>60 Years</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>2 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>Stanberry, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Dillion Stockton</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah</b>	
14. NAME OF HUSBAND OR WIFE <b>Fred Hill</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Fred Hill Stanberry, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma with metastases</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>unknown</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year +</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>9-17-52</b> to <b>11-28-62</b> and last saw her alive on <b>11-27-62</b> Death occurred at <b>@ 7:00 Am.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Alfred L. Carlin M.D.</b>		22b. ADDRESS <b>Stanberry, Mo</b>	
22c. DATE SIGNED <b>11-30-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>11-30-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>High Ridge Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Stanberry, Missouri</b>		24. FUNERAL DIRECTOR ADDRESS <b>Johnson Funeral Home Stanberry, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>12-3-62</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

received  
12-3-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Charles Dean Allee, Student Embalmer No. 671

working under my personal supervision.

Student Charles Dean Allee  
Signature of Student Embalmer

Signed Frank Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.